

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25265-1

NOV 2 1935

1. PLACE OF DEATH

County Linn
Township Fest Creek
City Nelson Mo (No. _____)

Registration District No. 798
Primary Registration District No. 603673

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

Anna Haulin

(a) Residence, No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 35 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Haulin
7. AGE YEARS MONTHS DAY If LESS than 1 day, hrs. or min. 67 — 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) July 1935 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nelson, Missouri

13. NAME George Miller

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, Kentucky

15. MAIDEN NAME Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown, unknown

17. INFORMANT (ADDRESS) Walter Haulin, Nelson, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Funeral Home DATE July 23, 1935

19. UNDERTAKER (ADDRESS) Hays & Stockler, 1001 E. 1st St., Keosauqua, Mo

20. FILED Oct. 19 1935 E. K. Givens Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-21-1935

22. I HEREBY CERTIFY, That I attended deceased from July 8, 1935 to July 20, 1935. I last saw him alive on July 20, 1935. Death is said to have occurred on the date stated above, at 4 P. m. The principal cause of death and related causes of importance were as follows: Diabetic Mellitus Date of onset 1922

Other contributory causes of importance: None

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____
Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) W. S. H. H. H. M. D.
(Address) Keosauqua, Mo.

3/29/99
E 232 R